

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

Janette E Turner

Debtor(s)

Case No. 16-09647

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/21/2016.
- 2) The plan was confirmed on 09/09/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 07/17/2017.
- 6) Number of months from filing to last payment: 16.
- 7) Number of months case was pending: 16.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$38,700.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

Receipts:

| | |
|--|------------|
| Total paid by or on behalf of the debtor | \$5,611.40 |
| Less amount refunded to debtor | \$222.87 |

NET RECEIPTS: **\$5,388.53**

Expenses of Administration:

| | |
|---------------------------------------|------------|
| Attorney's Fees Paid Through the Plan | \$2,510.00 |
| Court Costs | \$0.00 |
| Trustee Expenses & Compensation | \$266.48 |
| Other | \$0.00 |

TOTAL EXPENSES OF ADMINISTRATION: **\$2,776.48**

Attorney fees paid and disclosed by debtor: \$490.00

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|----------------------------------|-----------|-----------------|----------------|---------------|----------------|-----------|
| CARRINGTON MORTGAGE SERVICES | Secured | 18,908.00 | 2,337.73 | 2,337.73 | 2,337.73 | 0.00 |
| CARRINGTON MORTGAGE SERVICES | Secured | 0.00 | NA | NA | 0.00 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 75.00 | 75.00 | 7.50 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 300.00 | 300.00 | 30.00 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 244.60 | 244.60 | 24.46 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 300.00 | 300.00 | 30.00 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 141.70 | 141.70 | 14.17 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 300.00 | 300.00 | 30.00 | 0.00 |
| PRESENCE HEALTH | Unsecured | NA | 341.01 | 341.01 | 34.10 | 0.00 |
| PRESENCE HEALTH | Unsecured | 1,000.00 | 995.43 | 995.43 | 99.54 | 0.00 |
| QUANTUM3 GROUP | Unsecured | NA | 45.46 | 45.46 | 4.55 | 0.00 |
| PSJMC PHYSICIAN BILLING | Unsecured | 40.00 | NA | NA | 0.00 | 0.00 |
| SHOREWOOD FAMILY DENTAL CARE | Unsecured | 100.00 | NA | NA | 0.00 | 0.00 |
| SILVER CROSS HOSPITAL/VISION FIN | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| SOUTHWEST GASTROLOGY/CREDIT | Unsecured | 170.00 | NA | NA | 0.00 | 0.00 |
| SPRINT CUSTOMER SERVICE/CONVE | Unsecured | 1,220.00 | NA | NA | 0.00 | 0.00 |
| AMERICAN ANESTHESIOLOGY ASSC | Unsecured | 170.00 | NA | NA | 0.00 | 0.00 |
| CENTER FOR NEUROLOGICAL DISEA | Unsecured | 420.00 | NA | NA | 0.00 | 0.00 |
| CITY OF JOLIET MUNICIPAL SERVICE | Unsecured | 1,880.00 | NA | NA | 0.00 | 0.00 |
| COMCAST CABLE | Unsecured | 240.00 | NA | NA | 0.00 | 0.00 |
| DENTALWORKS INC/ESCALLATE | Unsecured | 110.00 | NA | NA | 0.00 | 0.00 |
| DIGESTIVE HEALTH ASSOCIATES | Unsecured | 60.00 | NA | NA | 0.00 | 0.00 |
| DISH NETWORK/STELLAR RECOVER | Unsecured | 2,020.00 | NA | NA | 0.00 | 0.00 |
| DREYER MEDICAL CLINIC/ADVOCA | Unsecured | 60.00 | NA | NA | 0.00 | 0.00 |
| EDWARD HEALTH VENTURES | Unsecured | 180.00 | NA | NA | 0.00 | 0.00 |
| EMP OF WILL COUNTY LLC | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|------------------------------------|-----------|-----------------|----------------|---------------|----------------|-----------|
| FAMILY MEDICAL GROUP | Unsecured | 220.00 | NA | NA | 0.00 | 0.00 |
| HEARTLAND CARDIOVASCULAR CE | Unsecured | 10.00 | NA | NA | 0.00 | 0.00 |
| ILLINOIS TOLLWAY/STATE OF ILLINOIS | Unsecured | 70.00 | NA | NA | 0.00 | 0.00 |
| INTERNAL MED & FAMILY PRACTICE | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |
| JOLIET RADIOLOGICAL SERVICE CO | Unsecured | 60.00 | NA | NA | 0.00 | 0.00 |
| LINDEN OAKS HOSPITAL/CREDITOR | Unsecured | 640.00 | NA | NA | 0.00 | 0.00 |
| MAXLEND 2016 | Unsecured | 1,000.00 | NA | NA | 0.00 | 0.00 |

Summary of Disbursements to Creditors:

| | <u>Claim Allowed</u> | <u>Principal Paid</u> | <u>Interest Paid</u> |
|-------------------------------------|----------------------|-----------------------|----------------------|
| Secured Payments: | | | |
| Mortgage Ongoing | \$0.00 | \$0.00 | \$0.00 |
| Mortgage Arrearage | \$2,337.73 | \$2,337.73 | \$0.00 |
| Debt Secured by Vehicle | \$0.00 | \$0.00 | \$0.00 |
| All Other Secured | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SECURED: | \$2,337.73 | \$2,337.73 | \$0.00 |
| Priority Unsecured Payments: | | | |
| Domestic Support Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Domestic Support Ongoing | \$0.00 | \$0.00 | \$0.00 |
| All Other Priority | \$0.00 | \$0.00 | \$0.00 |
| TOTAL PRIORITY: | \$0.00 | \$0.00 | \$0.00 |
| GENERAL UNSECURED PAYMENTS: | \$2,743.20 | \$274.32 | \$0.00 |

Disbursements:

| | | |
|------------------------------|-------------------|--------------------------|
| Expenses of Administration | <u>\$2,776.48</u> | |
| Disbursements to Creditors | <u>\$2,612.05</u> | |
| TOTAL DISBURSEMENTS : | | <u>\$5,388.53</u> |

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 07/25/2017

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.